アイスラー.

(Caption of C	Case) PROVING TELRITE CONWIRELESS AS AN ELICATIONS CARRIE	1	OF	BEFORE THE SERVICE COL SOUTH CARC COVER SHE 2012 _ 32	MMISSION OLINA ET
(Please type or	r print)	one Inc.	SC Bar Number	er:	1
Submitted	by: Compliance Solution		Telephone:	407-260-101	
Address:	740 Florida Central Park	way	Fax:	407-200-103	
	Suite 2028		Other:	atory@csilongwoo	od.com
		- Inc.			
as required to be filled out	completely.	KETING INFORM	ATION (Check and the control of the character of the char	all that apply) to be placed on Co	ommission's Agenda
Othe	r: Telrite Corporation d/	" / T:Co Wireless Report	of Customer Dea	N (Check all tha	
INDUS	TRY (Check one)	Affidavit	Letter		Request for Certification
☐ Electric	e	Agreement	☐ Memorandu	ım	Request for Investigation
Electri		Answer	☐ Motion		Resale Agreement
	c/Telecommunications	Appellate Review	Objection		Resale Amendment
Electri	ic/Water	Application	Petition	_ !l-mation	Reservation Letter
	ic/Water/Telecom.	Brief	Petition for	r Reconsideration	Response
	ic/Water/Sewer	Certificate	Petition fo	r Rulemaking	Response to Discovery
Gas	,	Comments		Rule to Show Cause	Return to Petition
Railro		☐ Complaint	Petition to	Intervene Out of Time	
Sewe	er Communications	Consent Order	Petition to Prefiled T		Subpoena
	sportation	Discovery	Promotio		Tariff
☐ Wate		Exhibit			Other:
	er/Sewer	Expedited Consideration	 -		
	ninistrative Matter	☐ Interconnection Agree		r's Affidavit	
Oth		☐ Interconnection Ame			
		Print Form	Rese	t Form	

January 2, 2014

South Carolina Office of Regulatory Staff Telecommunications Division 1401 Main Street, Suite 900 Columbia, SC 29201

RE: Docket No. 2012-325-C, Order No. 2013-4, Telrite Corporation d/b/a LIFE WIRELESS

Lifeline Customer Non-Usage Report 4Q 2013

		October 2013	November 2013	December 2013
1	Provide the number of customers who have been de-enrolled for not having activity in a 60 day period or longer.	3,427	3,043	3,180
2	Provide the number of customers who did not pass the annual verification	0	0	0
3	Provide the number of customers that were voluntarily de- enrolled.	158	185	138

I hereby certify that the above information is true and accurate as of the date indicated. I further affirm that I have the responsibility and authority to make this certificate on behalf of Telrite Corporation d/b/a LIFE WIRELESS.

Signature

Mark Lammert, CPA Attorney-in-Fact

Actorney-III-I act

Telrite Corporation d/b/a Life Wireless

STATE O	F SOUTH CAROLIN	A) , .	BEFORI	E THE					
(Caption o		CORPORATION)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA						
ORDER APPROVING TELRITE CORPORATION D/B/A LIFE WIRELESS AS AN ELIGIBLE TELECOMMUNICATIONS CARRIER			COVER SHEET						
))))	DOCKET NUMBER: 2012 -	<u>325</u> <u>C</u>					
(Please type of	or print) by: Compliance Sol	utions. Inc.	SC Bar Number:						
	·		Telephone: 407-260-	1011					
Address:	740 Florida Central Pa	arkway	Fax: 407-260-	1033					
	Suite 2028		Other:						
	Longwood, FL 32750)	Email: regulatory@csilong	wood.com					
NOTE: The cas required by be filled out of	cover sheet and information y law. This form is require	contained herein neither replaces	s nor supplements the filing and serv ommission of South Carolina for the	rice of pleadings or other papers purpose of docketing and must					
	DO	CKETING INFORMA	TION (Check all that apply)						
☐ Emerg	ency Relief demanded in	_ R	equest for item to be placed on epeditiously	Commission's Agenda					
⊠ Other	Telrite Corporation	d/b/a Life Wireless Copy of	497s filed with USAC-4th Qua	arter 2013					
INDUST	RY (Check one)	NATUF	RE OF ACTION (Check all th	at apply)					
☐ Electric		Affidavit	Letter	Request					
Electric/C	Gas	Agreement	Memorandum	Request for Certification					
Electric/	Telecommunications	Answer	Motion	Request for Investigation					
Electric/V	Vater	Appellate Review	Objection	Resale Agreement					
☐ Electric/\	Vater/Telecom.	Application	Petition	Resale Amendment					
Electric/\	Vater/Sewer	Brief	Petition for Reconsideration	Reservation Letter					
Gas		Certificate	Petition for Rulemaking	Response					
Railroad		Comments	Petition for Rule to Show Cause	Response to Discovery					
Sewer		Complaint	Petition to Intervene	Return to Petition					
▼ Telecom	nunications	Consent Order	Petition to Intervene Out of Time	☐ Stipulation					
Transpor	tation	Discovery	Prefiled Testimony	Subpoena					
Water		Exhibit	Promotion	☐ Tariff					
Water/Se	wer	Expedited Consideration	Proposed Order	Other:					
Administ	rative Matter	Interconnection Agreement	Protest						
Other:		Interconnection Amendmen	t Publisher's Affidavit						
		Late-Filed Exhibit	⊠ Report						
		Print Form	Reset Form						



January 2, 2014

South Carolina Office of Regulatory Staff Telecommunications Division 1401 Main Street, Suite 900 Columbia, SC 29201

RE: Telrite Corporation d/b/a LIFE WIRELESS Docket No. 2012-325-C – Order No. 2013-4 Compliance Filing - Copy of Form 497

Dear Sirs:

Pursuant to Order Approving Telrite Corporation d/b/a LIFE WIRELESS (Life Wireless) as an Eligible Telecommunications Provider dated January 29, 2013 in Docket No. 2012-325-C — Order No. 2013-4 the South Caroline Public Service Commission ("Commission") designated Life Wireless an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires Life Wireless to submit a copy of Form 497 filed with USAC.

Telrite Corporation d/b/a LIFE WIRELESS respectfully submits the required data for the quarter October 2013 to December 2013 and due by January 15, 2013.

Respectfully submitted,

Mark Lammert CPA Attorney-in-Fact

Telrite Corporation d/b/a LIFE WIRELESS

(1) USAC Service Provider Id	lentification Number	143028229		(2) Stud	dy Area Cod	de <u>249021</u>
(3) Filer 499 ID 823594		(4) Technology T	ype (check one) Wireli	ne 🛄	Wireless 🛂
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔼	High	Cost/Low Income		
(6) Organization Information	-		(7)	Filing Information		
Company Legal Name:	Telrite Corporati	on	a)	Submission Date	11/27/20	013
Contact Name:	Caitlyn Lumpkin		b)	Data Month	Septeml	ber 2013
Mailing Address:	4113 MONTICE	LLO ST	c)	Type of Filing (check one)		
				•	Original Revision	
	COVINGTON, G	SA 30014	d)	State Reporting	SOUTH	CAROLINA
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmir	ic.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 45018		x \$ 9.2	25	= \$ <u>416417</u>
Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0	otal F	x \$ 0.00	eed \$34.25)	= \$ 0 ed (10) \$ 416417
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013) 0.0000	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availab	ole only to ETCs rece	iving High Cost s	uppoi	Total TLS Supp	oort Claime	d (13) \$ <u>0</u>
Number of Connections Waived Charges Waived per Connection		(14) 0 (15) \$ 0.00 (not to exceed \$100	0)	(for multiple rates	s, use an aver	age amount)
Total Connection Charges Waived		(16) \$ 0.0				
Deferred Interest		(17) \$ <u>0.00</u>	Total	 Tribal Link Up Sur	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 416417	T-4-1 TI S & O		Tota	l Tribal I ink I in ¢ (0	
Total Lifeline \$ 410417	IOTAI ILS \$, Uld	T.44	al Dollars /1	9) \$ 416417
				100	, , , , , , , , , , , , , , , , ,	-, -

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

12/13/2013		-
DATE	OFFICER SIGNATURE	
	OFFICED NAME	-

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

(1) USAC Service Provider Id	entification Number	143028	3229		(2) Stu	dy Area Co	de <u>249021</u>	
(3) Filer 499 ID 823594				pe (c	heck one) Wireli	ne 🖵	Wireless 🚺	
		Only 🖳	_		Cost/Low Income			
(5) ETC Designation Type (C	neck one): Lifelifie	Offity 1	•	•				
(6) Organization Information				1	Filing Information Submission Date	11/08/2	013	
Company Legal Name:	Telrite Corporation	on		a)				
Contact Name:	Caitlyn Lumpkin	_, ,		b)	Data Month Type of Filing	Octobe	1 2013	
Mailing Address:	4113 MONTICE	LLO ST	<u> </u>	c) 	(check one)	Original	[7]s	
						Revision		
	COVINGTON, G	A 300°	14	d)	State Reporting	SOUTH	I CAROLINA	
Telephone Number:	678-389-6024			-				
Fax Number:	770-594-3878		 	4				
E-mail Address:	cmmurp@cgmin	ic.com						
Lifeline		(a) # Lit Subscr			(b) Lifeline Su <u>Subscriber Su</u>	pport/ ipport	(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	(8) <u>44728</u>			x \$9.:	25	= \$ <u>413734</u>	
Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		otal F			= \$ <u>0</u> ned (10) \$ 413734	
Toll Limitation Service	ces (TLS)							
Cost of Providing 1 (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.0000	00_				
Number of TLS Sul	oscribers	(12) 0 Total TLS Support Claimed (13) \$ 0		ad (13) \$ 0				
Tribal Link Up (Availal	ble only to ETCs rece	eivina Hi	gh Cost si	ирро		port Ciaiiii	ed (13) \$	
TIDAI LITIK OP (Avanas	7,0 0,11,y to 2,100,100							
Number of Connec		(14)	0.00		(for multiple rate	es. use an av	erage amount)	
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100			(ioi iiidispie iii	,	-	
Total Connection (Charges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
				Tota	l Tribal Link Up Su	ıpport Claiı	med (18) \$ <u>0</u>	
ETC Payment						0		
Total Lifeline \$ 413734	Total TLS \$_0			Tota	al Tribal Link Up \$			
					To	tal Dollars	(19) \$ 413734	

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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OFFICER TITLE	OFFICER NAME
CFO	Kelly Jesel
DATE	OFFICER SIGNATURE
11/08/2013	Kelly Jesel

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(3) Filer 499 ID 823594				/pe (d	check one) Wireli	ne 🔲	Wireless 🛂
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖳) H	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information	 	
Company Legal Name:	Telrite Corporati	on		a)	Submission Date	12/09/2	
Contact Name:	Caitlyn Lumpkin			b)	Data Month	Novem	ber 2013
Mailing Address:	4113 MONTICE	LLO ST	Γ	c) 	Type of Filing (check one)	Orininal	173.
		·				Original Revision	
	COVINGTON, C	A 3001	14	d)	State Reporting	SOUTH	H CAROLINA
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878			-			
E-mail Address:	cmmurp@cgmir	nc.com]			
Lifeline		(a) # Lif			(b) Lifeline Su Subscriber Su	pport/	(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L	scribers ifeline Support	<u>Subscribers</u> (8) <u>44644</u>					= \$ <u>412957</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>O</u>		otal F	$ \begin{array}{c} \times \$ \frac{0.00}{\text{(not to exceed $34.25)}} = \$ \frac{0}{\text{I Federal Lifeline Support Claimed (10) $412957}} $		
Toll Limitation Service	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	00			
Number of TLS Sub	oscribers	(12)	0				
					Total TLS Sup	port Claim	ed (13) \$ <u>U</u>
Tribal Link Up (Availat	ole only to ETCs rece	eiving Hig	gn Cost st	ippo:	n)		
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to e	0 0.00 xceed \$100)	(for multiple rate	es, use an av	erage amount)
Total Connection Charges Waived			0.0				
Deferred Interest		(17) \$	0.00		 Tribal Link Up Su		mad (18) ¢ 0
			•	Total	I ribai Link Up Su	pport Ciain	neu (10) # <u> </u>
ETC Payment							
Total Lifeline \$ 412957	Total TLS \$ 0			Tota	ıl Tribal Link Up \$	0	
I Otal Elleline 9			 		Tot	tal Dollars	(19) \$ 412957

OMB Approval 3060-0819

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12/09/2013	Kelly Jesel			
DATE	OFFICER SIGNATURE			
CFO	Kelly Jesel			
OFFICER TITLE	OFFICER NAME			

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